

**Delaware Health Care Commission
Thursday, March 28, 2013 9:00 a.m.
Department of Transportation
Administration Building
First Floor, Farmington/Felton Room
800 Bay Road, Dover**

Meeting Minutes

Commission Members Present: Bettina Riveros, Chair; Theodore W. Becker, Jr.; Rita Landgraf, Secretary, Delaware Health and Social Services; Kathleen S. Matt, PhD; Janice E. Nevin, MD; and Dennis Rochford

Commission Members Absent: Thomas J. Cook, Secretary of Finance; A. Richard Heffron; and Karen Weldin Stewart, Insurance Commissioner

Staff Attending: Jill Rogers, Executive Director and Marlyn Marvel, Community Relations Officer

CALL TO ORDER

The meeting was called to order at 9:00 a.m. by Bettina Riveros, Commission Chair.

APPROVAL OF FEBRUARY 7, 2013 MINUTES

Action

Dr. Janice Nevin made a motion to approve the February 7, 2013 minutes. Dennis Rochford seconded the motion. There was a voice vote. Motion carried.

STATE LOAN REPAYMENT PROGRAM

Funding Update

The Commission reviewed the summary of available funds that is attached to these minutes. Jill Rogers noted that Highmark Delaware has provided an additional \$155,000 for the State Loan Repayment Program.

Review of Applications

The Commission reviewed the Summary of Loan Repayment Applicants that is attached to these minutes.

Action

Ted Becker made a motion that the Loan Repayment recommendations in the attached Action Item Summary be approved. Dr. Janice Nevin seconded the motion. There was a voice vote. Motion carried.

HEALTH CARE WORKFORCE

Medical Education at Christiana Care

Dr. Neil Jasani and Dr. Lisa Maxwell gave a presentation on Medical Education at Christiana Care. A copy of the presentation is posted on the Delaware Health Care Commission's website at <http://dhss.delaware.gov/dhss/dhcc/presentations.html>.

Questions and Comments

Ms. Riveros asked if Christiana Care will continue to track the individuals to see whether they return to Delaware to practice. Dr. Maxwell responded that one of the first things they did was build a database to track the individuals.

Dr. Jasani said that Christiana Care had a great match in primary care a week ago. All of Christiana Care's physicians were matched in the first round. In addition all of the 11 branch campus students matched in the first round into their areas. They are going all over the country, from the west coast in California to the north in New York, and there were very successful matches in the highly competitive areas. Two went into anesthesia and one went into neurosurgery, radiation, oncology and pediatric neurology. That is particularly impressive when the data is taken back to the Jefferson Medical College students because Delaware does not have residency programs in those areas.

Dr. Janice Nevin said that nationally primary care had its best year since the early 1990's. More and more students are choosing primary care specialties, and Christiana Care matched with some students both from Jefferson Medical College and Philadelphia College of Osteopathic Medicine (PCOM).

Dean Kathy Matt noted that part of the goal is to get more health care providers to choose to practice in Delaware and they do not necessarily have to be Delaware residents. She suggested that perhaps there could be more collaboration with the University of Delaware now that it has a Center for Premedical and Health Profession Studies. In addition, as the Science, Technology, and Advanced Research (STAR) campus is rolled out in January 2014 with conference room with video capability to Jefferson Medical College, etc., it will continue to enhance the idea of a branch campus.

Mr. Becker asked where Christiana Care stands with rural rotations. Dr. Maxwell responded that Christiana Care can offer many things in family medicine, but it is not able to provide a rural experience. Christiana Care has a joint five-year Emergency Medicine/Family Medicine Residency Program where physicians become dually boarded. Many of them are interested in returning to their small home town and doing what the old school family doctor used to do, but they do not get the

rural experience. Dr. Maxwell and Dr. Jasani are very interested in exploring rural residency opportunities down state.

Secretary Landgraf asked if Christiana Care has done any analysis or talked with individuals about what is attracting them to the primary care specialties. Dr. Nevin responded that nothing has been done officially. Students want a future where they have stability and primary care is a great job. Providers are part of a team and there are many new ways to learn and deliver care.

Dr. Maxwell added that 12 percent of Jefferson Medical College's class chose family medicine.

Jo Ann Hasse asked what provisions or accommodations are made for housing people. Dr. Maxwell responded that Christiana Care does not provide housing. Some of the students move back in with their parents. An attraction for some of the students is the lower cost of living by moving from the center city campus to Delaware. Christiana Care provides them with the names of realtors. Temporary housing is provided for people who rotate who are far away, but not for the branch campus students.

Dough Tine, of Nemours, noted that there are no mental health programs at Christiana Care, such as psychiatry, psychology, social work, or counselors. A.I. DuPont Hospital has a psychology internship program. He asked if there are plans to add mental health programs in the future.

Dr. Jasani said there are some plans that are in the early stages about possibly collaborating with the Jefferson Medical College Psychiatry Department to bring their residents to Christiana Care. There is also some talk about possibly assisting the program at the Delaware Psychiatric Center.

Dr. Nevin said that one of the challenges in training physicians is that it is expensive. The Association of American Medical Colleges (AAMC) got the medical schools to commit to a 25 percent increase in medical student training a number of years ago. Jefferson Medical College is an example of a school that went from 220 students to over 250 students. The challenge this year is that the core residency programs have not expanded. There is an increasing concern that medical students will graduate without a place to get their post graduate training. Legislation has been introduced in congress to expand residency training by 15,000 slots. She suggested that the Health Care Commission think about how it might play an advocacy role to be able to grow some of those training programs.

Lolita Lopez, of Westside Family Healthcare, reported that Westside has been recruiting a higher number of highly qualified committed residents from Christiana Care into its system because of their exposure to community health.

Jonathan Kirch, of the American Heart Association, asked Dr. Maxwell and Dr. Jasani to comment on the importance of attracting top faculty in order to attract top students.

Dr. Maxwell said that having good faculty is the cornerstone of having a good program. The students are happy because they get outstanding teaching and when they compare their experience with that of their friends at other locations they think that Christiana Care is equal or better.

Dr. Jasani said it is a continuous cycle. In order to get the top quality students there must be top quality faculty, and in order to attract the top quality faculty they want top quality students to teach.

Statewide Residency Program Development

Ms. Rogers reported that a meeting is being convened by the Division of Public Health on April 16 to continue discussions about statewide residency program development. Judy Chaconas, of the Division of Public Health, said there will be discussions on rural rotations as well.

Mental Health

Ms. Rogers reported that there have been some exiting changes and progress made at La Red Health Center in Sussex County around their capacity to provide mental health services.

La Red has added a part time bi-lingual psychiatrist to their staff to serve as a clinical director, primarily in an administrative role at the outset, but with the intent to see patients in the future. They have also increased their psychiatric nurse practitioner staff from half a full-time employee to more than one full-time employee, which has doubled their capacity for the psychiatric nurse practitioners to actually see clients.

La Red's licensed clinical social worker staff has increased from just under one and a half full-time employees to four full-time employees; two at the Georgetown site, one at the Seaford site and one at the Sussex Tech School Based Wellness Center.

There is also a licensed clinical social worker preceptorship program getting underway to address some of the education and post graduate needs.

Brian Olsen said that La Red has had a long standing partnership with Brandywine Counseling. They have received a federal grant, a portion of which is to work with the homeless population in Sussex County. Brandywine is working with substance abuse issues. La Red is looking at moving some behavioral health staff into primary care and seeing patients in tandem.

AFFORDABLE CARE ACT – HEALTH BENEFIT EXCHANGE PROGRESS REPORT

Alicia Holmes and Bernadette Schad presented an update on Delaware's Health Benefit Exchange. A copy of the presentation is posted on the Delaware Health Care Commission's website at <http://dhss.delaware.gov/dhss/dhcc/presentations.html>.

Ms. Holmes noted that the term "exchange" has been replaced by the term "marketplace."

Next week there are several meetings that Delaware will be attending with its federal partners and other states in the implementation phases. The biggest one is the state partnership marketplace meeting that will be held on April 3 and 4 in Bethesda, Maryland. All of the states currently planning or looking to implement a state partnership will be participating with their operational staff. Delaware will be sending a representative to listen to what they have to say and provide updates on the federally facilitated marketplace implementation.

The National Governor's Association and National Association of Insurance Commissioners are also meeting next week. Ms. Holmes and Ms. Schad will report back to Health Care Commission in May.

Dennis Rochford asked if the Chambers of Commerce have an interest in playing an active role with regard to reaching out to the small business community. Ted Becker said that Ms. Holmes is going to make a presentation at the Southern Delaware Tourism meeting in April which will reach all of the Sussex County Chambers of Commerce. They do have an interest, and this presentation should spawn more interest.

Mr. Becker suggested that the 57 municipalities in the State should also be included. Reaching out to the Delaware League of Local Governments would be very important.

Questions and Comments

Dr. Nevin asked if an insurance company not currently licensed in Delaware can participate in the marketplace or if they must go through the state licensing process first, which can take a couple of years?

Ms. Holmes said they must be licensed to sell insurance in Delaware. Insurance Companies submitted a letter of intent to submit a qualified health plan application.

If a company submits a letter of intent and they are not currently licensed, that automatically triggers the licensing process to begin for them and they are directed to the individual within the Department of Insurance to start that process.

Marla Blunt-Carter, of the Department of Insurance, referred everyone to their website at www.delawareinsurance.gov to view guidance for health insurance issuers regarding the Delaware Health Benefit Exchange.

Ms. Riveros said that it would be helpful to understand the scope of companies that are licensed to sell in Delaware already. Perhaps Linda Nemes can present some information at the May Commission meeting.

Secretary Landgraf asked if it has been determined who navigators will be responsible for reaching out to versus the marketplace assisters. Ms. Schad said they will ask that question at the meeting in Bethesda next week. If people have questions regarding the process, they should be referred to the health benefit exchange resource mailbox HBE_delaware@state.de.us.

Jonathan Kirch, of the American Heart Association, asked for clarification on state law and federal policy. He asked if he heard correctly that the federal government cannot undo state law or a state mandate that certain coverage be provided but that it can add to it.

Ms. Riveros explained that the Health Care Commission set the benchmark essential health benefits plan. The scope of essential health benefits is defined by that benchmark plan selected by the Health Care Commission after a public process last summer. State mandates are state law. If there is a mandate that requires a service to be provided that service must be provided in the individual and small group plans even if it is not part of the essential health benefits package as defined at this point in time.

Secretary Landgraf added that the federal government required states to come up with a benchmark plan. Delaware identified the Blue Cross Blue Shield small employer plan as the one it wanted to use as a model. In addition to that there have been insurance mandates that the General Assembly has enacted as part of the Delaware Code that cannot be ignored. It was noted that Highmark Delaware has been very cognizant of that as they develop their products. There are about a page and a half of mandates that are included.

Dr. Jo Ann Fields asked if there was a time limit where any mandates after a certain date would not be included, such as the mandate for autism.

Ms. Holmes responded that any mandate passed before December 2011 is considered de facto part of the essential health benefits package. That has to do with cost sharing requirements with the state. Since the mandate for autism was passed after December 2011 it is not a part of the essential health benefits package, but it is still required of all plans to cover it. The caveat is that the state must subsidize the portion of the premium that covers any mandate passed after December 2011. The plans are still covering all of the state mandates and all of the essential health benefits.

Dr. Fields asked if Delaware will be able to monitor how the state's subsidy affects the total cost of the premium. Ms. Riveros responded that Delaware will keep a close watch on those costs as it moves forward and determine whether any action should be taken around essential health benefits when they are updated in 2016.

Nicholas Moriello, of Health Insurance Associates, said that there is a concern that they hear quite a bit from their clients, particularly small business owners, about the requirement for an employer to notify their employees about the exchange and the mechanisms of the exchange by a certain date. He asked if the communication vendor might develop some type of template that employers could use to send to their employees or if that will be something that each employer will need to develop on their own.

Ms. Holmes responded that the template for that notification is supposed to come from the United States Department of Labor. They want to make this as uniform as possible. The template has not yet been received, as the Department of Labor is waiting for approval by the Treasury Department.

Mr. Moriello noted that employers in the state that are working with agents and brokers are generally aware of this requirement through their agents; however, there are employers that may not currently have coverage and do not have an agent or a carrier to tell them about the requirement. There needs to be a mechanism in the marketplace to make sure employers are aware they need to be doing this.

Ms. Holmes responded that making people aware of that requirement will definitely be a part of the communication strategy.

Mr. Rochford asked for confirmation that a small business with 49 or less employees is not required to offer insurance to their employees and a small business with 50 or more employees is obligated to offer insurance to employees. Ms. Holmes responded that is correct.

Mr. Olson asked if there has been any thought given to asking for an ongoing consumer advisory group. Ms. Holmes responded yes. The contract is yet to be finalized with the communications vendor. That is a fantastic idea and she thinks the vendors that have been evaluated would welcome the opportunity to have more input from organizations within the state with that kind of experience.

Cheryl Heiks, of Cozer O’Conner, asked when the public will have an idea of which insurers are interested in participating in the marketplace. Ms. Schad responded that today is the date that the federal government is supposed to begin receiving information from insurers and they will have until June 15 to do complete submissions. As the plans come in they will be reviewed. The recommendations from the state to the federal government for certification of those plans will happen at the end of July. Information will probably be available during the summer about which issuers have submitted applications that are being considered for certification on the exchange.

Mr. Olson asked if there is a place where responsibilities within the state government are shared or delineated to help people determine who is doing what. The Department of Insurance, Department of Health and Social Services and Health Care Commission are all involved. It would help the public to understand where actions are being taken and where they might be able to weigh in on those actions.

Ms. Riveros and Secretary Landgraf agreed that is a good idea and they can create a one page outline of responsibilities of consumer assistance, plan management, overall governance, and who has the expertise and responsibility for the management of each of those particular tasks.

Ms. Blunt-Carter added that, once the communications vendor is in place, letting people know who is responsible for what will be a part of the overall communication strategy.

CENTER FOR MEDICARE & MEDICAID INNOVATION (CMMI) UPDATE

Jill Rogers presented an update on the Delaware State Innovation Model Design. A copy of the presentation is posted on the Delaware Health Care Commission’s website at <http://dhss.delaware.gov/dhss/dhcc/presentations.html>.

Questions and Comments

Dr. Nevin said that she has a public health degree and when she thinks of “population health” she has a particular definition in mind. The health care community is currently using the term somewhat differently. She participated in two separate meetings where they spent the whole day trying to decide what “population health” really meant. Making sure there is a definition that is the way the health care environment is using the definition is very important. One of the

best definitions Dr. Nevin heard was that this is the group of people intended to be served.

Brian Rahmer, of Christian Care Health System, said that definitions are going to be critically important simply because how the populations are defined and from what perspective is going to help drive how the value for this entire process is defined. Looking at the timeline, delivery system reforms are occurring prior to payment system reforms. This is something that should be thought about a little more in depth mainly because all of the system delivery reforms that may be used as models or evidence for the proper way to move forward are occurring in the current payment delivery system.

Dr. Fields noted that some states like Arkansas, Michigan and Vermont received grants of \$45 million, and Delaware only received \$2.45 million. She asked what Delaware missed, what needs to be learned from this and how things need to be done differently over the next six months.

Ms. Riveros explained that there were two levels of grants, a model design grant and a model testing grant. A state could choose to apply for the model design grant, which was up to a maximum of \$3 million. States that already had a state innovation plan and were prepared to go right into model testing could apply for a model testing grant, which was \$20 to \$60 million. Delaware was not in a position to apply for a model testing grant at that time. However, having received the model design grant, the goal is to design Delaware's state innovation plan and strategy, design the models and then apply in the next round for the model testing funding.

OTHER BUSINESS

Delaware Health Care Commission Appointment to Delaware Institute of Dental Education and Research (DIDER) Board of Directors

Ms. Riveros said that the Commission has the opportunity to appoint a member of the Health Care Commission to serve on the DIDER Board of Directors. She recommended that the Commission approve the designation of Ted Becker to serve on the DIDER Board as a representative of the Health Care Commission.

Action

Rita Landgraf made a motion that the Health Care Commission approve the recommendation that Ted Becker represent the Commission on the DIDER Board of Directors. Dr. Janice Nevin seconded the motion. There was a voice vote. Motion carried.

PUBLIC COMMENT

Brian Olson, of La Red Health Center, announced that effective March 1, 2013, La Red Health Center has been recognized by the National Committee on Quality Assurance as a Patient Centered Medical Home at both the Georgetown and Seaford sites. In addition, a contract with Johns Hopkins for telemedicine has been executed.

Joann Hasse said that she was very disturbed recently to read headlines that resulted from a survey by the Centers for Disease Control and Prevention (CDC) of the rates of flu in people over 65. Many publications reported that the flu vaccine is ineffective in patients over 65. She is really concerned that out of a population of 350 million people the CDC only surveyed about 2,000 households. That is a very small number. She thinks they have really misled people about the effectiveness of the flu vaccine. She asked if there is anything that can be done locally to address this issue before next year's flu season when people are being urged to get their flu vaccine after just having been told that it was not effective in people over 65.

Emily Knearl, Public Relations Director with the Division of Public Health, said she was pleased that Ms. Hasse flagged this issue. It is an issue that the Division of Public Health has already flagged. The CDC did a broad study that had a lot of subtleties to it.

Secretary Landgraf said that some Delaware specific things can be done, but she suggested reaching out to the CDC to do something at the national level. She is sure the CDC had a teachable moment when they started seeing how their study was rolled out the way it was.

Ms. Knearl said the thing that people need to realize is how bad the flu season could have been without vaccinations. The Division of Public Health really appreciates how the Federally Qualified Health Centers and hospitals helped to get out the information about how important it is to have the vaccination.

NEXT MEETING

The next meeting of the Delaware Health Care Commission is 9:00 a.m. on May 2, 2013 at the Department of Transportation Administration Building, First Floor, Farmington/Felton Conference Room, 800 Bay Road, Dover.

ADJOURN

The meeting adjourned at 11:00 a.m.

GUESTS

Michelle Amadio	Delaware Hospice
Amelia Auner	Planned Parenthood
Kyle Bain	United Medical
Janet Bailey	Hewlett Packard
Marla Blunt-Carter	Department of Insurance
Tracy Bolander	Mid-Atlantic Behavioral Health
David Brock	Coventry
Tynetta Brown	United Way of DE
Judy Chaconas	Division of Public Health
Jeane Chiquon	American Cancer Society
Jeanne Corman	Claymont Community Center
Susan Cropper	Claymont Community Center
Susan Cycyk	DSCYF-DPBHS
Crystal English	Division of Medicaid and Medical Assistance
Thomas Ferry	Star-Med LLC
Dr. JoAnn Fields	Family Practice Physician
Dr. Robert Frelick	Medical Society of Delaware
Cyndie Ganc	Delaware Physicians Care
Dr. Maribel Garcia	Beebe Medical Center
Steve Groff	Division of Medicaid and Medical Assistance
Joann Hasse	League of Women Voters - DE
Cheryl Heiks	Cozen O'Conner
Karen Helensky	Delaware Physicians Care
Alicia Holmes	Public Consulting Group
Sean Huse	Public Consulting Group
Gary Johnson	Delaware Psychological Association
Tyrone Jones	Astra Zeneca
Jonathan Kirch	American Heart Association
John Kozial	Nationwide Insurance
Jim Lafferty	Mental Health Association
Jan Lee	DHIN
Don Licorish	Highmark Delaware
Lolita Lopez	Westside Family Healthcare
Kara Magane	University of Delaware
Sarah Marshall	DSCYF-DPBHS
Nicholas Moriello	Health Insurance Associates
Emily Knearl	Division of Public Health
James Nutter	Parkowski, Guerke & Swayze, P.A.
Carolanne Obrien	Department of Labor
Brian Olson	La Red Health Center
Brian Papp	Senator Carper's Office
Joann Piscitello	Saint Francis Healthcare
Allen Prettyman	University of Delaware Nurse Managed Health Center
Brian Rahmer	Christiana Care Health System
Raul Reyes	United Healthcare
Rosa Rivera	Henrietta Johnson Medical Center

Paula Roy
Bernadette Schad
Christine Schiltz
Karen Shablin
Marj Shannon
Kim Siegel
Wayne Smith
Eileen Sparling
Michele Stant
Matt Stehl
Nancy Street
Shari Thomassen
Mark Thompson
Jose Tieso
Lisa Zimmerman

Roy Associates
Public Consulting Group
Parkowski, Guerke & Swayze, P.A.
Optum
Division of Public Health
Autism Delaware
Delaware Healthcare Association
University of Delaware
Office of Management and Budget
Highmark Delaware
And Breathe
Nemours
Medical Society of Delaware
Hewlett Packard
Division of Medicaid and Medical Assistance

Action Item

State Loan Repayment Program Action Item Summary March 28, 2013

The Loan Repayment Committee met on Tuesday, February 5, 2013 and the DIMER Board of Directors met on Wednesday, February 13, 2013 to review the current applications for loan repayment. The DIDER Board of Directors reviewed the application by email.

This review period includes:

DIDER APPLICATION:

1 practitioner

DIMER APPLICATIONS:

1 site

3 practitioners

Funding Updates

The Loan Repayment Program has the following funds available for distribution:

END DATE	AMOUNT	PROGRAM	SOURCE
June 30, 2013	\$117,971		State
	\$ 0	DIMER SLRP	
	\$ 35,000	DIDER SLRP	
	\$ 82,971	Remaining funds allocated to Temple University authorized to be used for DIMER or DIDER SLRP	
August 31, 2013	\$40,748	DIMER or DIDER	Federal

**Summary of Loan Repayment Applicants
February 2013 Review Period**

DIDER

Name	Education	Specialty	Practice Site	Debt	Comments
MaryClare Kubasko, DMD	Kings College, Wilkes-Barre Temple Dental School Residency - Christiana Care Hospital	Dentist	Westside Family Healthcare , Wilmington	Approximately \$209,422.76 (verified)	Recommended award - \$52,350 (\$26,175 State/\$26,175 Federal) pending approval of Federal funds carry over request State & Federal funds

**Summary of Loan Repayment Applicants
February 2013 Review Period**

DIMER

Site Application:	Alternative Solutions Consulting Group, LLC is a new for-profit business providing mental health services. It is located in a Mental Health HPSA. About 70% of patients are Medicaid/S-CHIP, 20% Medicare. Wade Jones is seeking site approval for his business and a health professional award for himself.
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Name	Education	Specialty	Practice Site	Debt	Comments
Wade G. Jones	Wilmington University – Bachelor’s & Master’s	Licensed Professional Mental Health Counselor & Chemical Dependency Professional	Alternative Solutions Consulting Group, LLC, Millsboro	Approximately \$111,501.98 (verified)	Recommended award - \$27,900 pending verification of debt State funds only
Kathryn M. Gehret	Glassboro State College (now Rowan University) Capella University	Licensed Professional Mental Health Counselor	Delaware Guidance Services for Children and Youth, Inc., Lewes	Approximately \$65,353.60 (verified)	Recommended award - \$16,350 (\$8,175 State/\$8,175 Federal) pending approval of Federal funds carry over request State and Federal funds
Susan M. Ray	Vassar College Howard University	Licensed Professional Mental Health Counselor	Milford Riverwalk State Service Center	Approximately \$30,574.66 (verified)	Recommended award - \$7,650 pending verification of debt State funds only